

LETTER TO THE EDITOR

Quandaries of the Irradiated Larynx

In his review article, P.C. O'Brien has very succinctly addressed the subject and reviewed pertinent literature [1]. The issue is not an insignificant one, and the concern for recurrence of cancer is heightened when there is edema, and certainly in the event of necrosis of laryngeal structures. The author has mentioned some of the causes for persistent edema and necrosis, and the best known are continued smoking and possibly consumption of alcohol. Absent in this author's analysis is a very important factor that can add to the local injury to the larynx and hypopharynx, especially following radiation therapy. I refer to laryngeal pathology attributable to gastroesophageal reflux disease (GERD) which, in my opinion, is not an insignificant cause for morbidity during and following radiotherapy for cancer of the upper aerodigestive tract and especially the larynx [2–6].

I wish to second a word of caution mentioned by the author, and it refers to taking biopsies of the larynx without a strong clinical suspicion for persistent or recurrent tumor, especially during the immediate post-treatment period and up to 60–90 days, depending on the location of the primary cancer and the treatment fractionation used by the radiotherapist. Ill-advised biopsies can often be the precipitating factor for major laryngeal necrosis and contribute to a significant morbidity in the recovery from treatment.

Any practitioner taking care of patients with carcinoma of the larynx should be aware of the multiple in-

sults that can afflict this organ and should rule out significant causes for edema and necrosis before proceeding with aggressive biopsies unless there is strong clinical evidence for tumor recurrence.

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